

CLAIMS ONLY						Application Number <i>10632250</i>	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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50									
Total Indep.									
Total Depend									
Total Claims									

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*28*  
*28*